

Gephardt	Lipinski	Scarborough
Gutierrez	Maloney (CT)	Smith (WA)
Harman	Matheson	Spence
Horn	McDermott	Stump
Hunter	Menendez	
Hutchinson	Peterson (MN)	

□ 1451

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2563.

The SPEAKER pro tempore (Mr. FOSSELLA). Is there objection to the request of the gentleman from Louisiana?

There was no objection.

BIPARTISAN PATIENT PROTECTION ACT

The SPEAKER pro tempore. Pursuant to House Resolution 219 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 2563.

□ 1451

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 2563) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, with Mr. LAHOOD in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Under the rule, the gentleman from Louisiana (Mr. TAUZIN), the gentleman from Michigan (Mr. DINGELL), the gentleman from Ohio (Mr. BOEHNER), the gentleman from California (Mr. GEORGE MILLER), the gentleman from California (Mr. THOMAS), and the gentleman from California (Mr. STARK) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

Mr. TAUZIN. Mr. Chairman, I yield myself 3 minutes.

Mr. Chairman, on behalf of the Committee on Energy and Commerce, I am pleased to open this debate on the Patient Protection Act. As you know, the gentleman from Georgia (Mr. NORWOOD); the gentleman from Iowa (Mr. GANSKE); my friend, the gentleman from Michigan (Mr. DINGELL); and the gentleman from Arizona (Mr. SHADEGG)

are all distinguished Members of the Committee on Energy and Commerce. And they, along with many others, have labored for a long time on this legislation, or various versions of it.

I want to also commend the work of the Speaker and the gentleman from Kentucky (Mr. FLETCHER) and the other committees of jurisdiction, because all of them have made significant improvements in the base text of this bill.

A concern of all of us is the needs of American families for health coverage and health care. Let me make a point that I think is incontrovertible, and that is that the most important patient protection in America is access to affordable health insurance, to health coverage, and to care.

Mr. Chairman, new costs and new litigation and new bureaucracy can, we know, raise the cost of health care, and, therefore, the cost of health insurance. Costs will either drive a reduction in benefit or drive a reduction in coverage; and so, as we debate this legislation, let us not pretend that litigation and bureaucracy and mandates are free. While they may provide some protection for a patient, if they raise the cost of insurance and coverage too high for other patients, then other families lose, and those rights to coverage are lost to Americans.

The Congressional Budget Office does not ignore these facts. They state clearly that a significant portion of increased costs will be borne by the purchasers switching to less expensive plans or cutting back on benefits or, worse yet, dropping coverage. That is a sobering point. It means that real families would do with fewer benefits and less coverage.

According to the President's Statement of Administration Policy on the Senate bill, for example, employers already faced an estimated 10 to 12 percent premium increase this year alone. The statement also notes that employers tend to drop coverage for their workers, for roughly 500,000 individuals, when health care premiums increase by a mere 1 percent. Some estimates have put the number of individuals whose insurance would drop by this bill as high as 6.5 million. That is simply unacceptable.

Employer-sponsored health care, remember, is voluntary, it is not mandatory; and we should not make employers choose between reducing benefits and maintaining health coverage for their employees. Employer-sponsored health insurance is still voluntary in America, and increasing health costs will prompt employers to drop coverage or insurance.

The legislation that does the best job of preserving access to insurance and minimizing costs, while protecting patients' rights to their coverage, is obviously the best balanced bill; and that is what we will search for today. That

means both eliminating unnecessary bureaucracy, litigation and cost; and that is why we will support the amendment the gentleman from Georgia (Mr. NORWOOD) has worked out with the President of the United States to, in fact, amend this section to make sure we do not unnecessarily drive up insurance costs. I want to commend my friend, the gentleman from Georgia (Mr. NORWOOD), for that excellent work.

Mr. DINGELL. Mr. Chairman, I yield 2 minutes to the distinguished gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Chairman, I thank my friend from Michigan for yielding me time.

Mr. Chairman, in case the President has forgotten, the House of Representatives is the people's House. The people's House. It is not the insurance industry's House. We do not report to Aetna or to Prudential or to Blue Cross/Blue Shield or to Golden Rule; we report to the people, our districts, and the people of this country. Our job is to do what is in the best interests of the individuals we serve. It is not to sustain the health insurance industry's privileged position above the law.

For over 4 years, my friends, the gentleman from Michigan (Mr. DINGELL) and the gentleman from Iowa (Mr. GANSKE), have been repeating the same simple message: if HMOs face no consequences when they put consumers through the wringer, then HMOs will continue to put consumers through the wringer.

Making HMOs face the consequences is not going to lead to skyrocketing insurance rates. For example, in the 3 years Texas has allowed HMO enrollees to sue, there has been only a handful of lawsuits. The right has not led to a flood of lawsuits or to higher premiums; it has led to legitimate health insurance, insurance that actually covers what it says it will cover. The key to addressing the problems so many of our constituents face when dealing with their insurer is to hold HMOs accountable for their actions.

There is only one bill on the floor today that does not emasculate the external review and right to sue provisions to the point of meaningless mess. The Ganske-Dingell bill is the only bill on the floor today that does what it says it will do. It changes the rules of the game so that HMOs will not cheat the public. Unfortunately, the Fletcher bill and the Norwood-Bush bill cheat the public to protect insurance company HMOs.

For more than 4 years, the public has been asking us to do something about HMOs that treat enrollees like an unwanted liability, rather than a paying patient. Putting the shoe on the other foot, making HMOs liable for the harm they do, is the best way to change their behavior. This is our chance to do the people's bidding. Let us do it.